



MONTANA DEPARTMENT OF TRANSPORTATION

**Refrigerator Fuel Refund Application**

Refund of Montana Diesel Tax

PO BOX 5895

HELENA MT 59604-5895

Phone: (406) 444-7664 Fax: (406) 444-5411 TTY: (406) 444-7696

[www.mdt.mt.gov](http://www.mdt.mt.gov)

This form may be filed electronically by e-mail to [mdtreferrefunds@mt.gov](mailto:mdtreferrefunds@mt.gov)

Please read Important Refund Information on Page 2.

Time Period for Refund:		to			
Applicant's Name (Last, First, MI) or Trade Name:					
SSN or Tax ID #:		Occupation:			
Mailing Address:				Phone #	
City:		State:		Zip + 4	

**Tax Rate: .2775**

**REQUESTED AMOUNTS**

**1007 Diesel**

**Total Refund Request:** \$ \_\_\_\_\_

***Original Signature required for processing application \****

☐ If filing your application for refund electronically (via e-mail), please certify the following statement by checking this box.  
I/we hereby declare and represent that the above and foregoing is a true and correct statement showing all Montana tax paid diesel purchased and entirely consumed in a refrigeration (reefer) unit by the applicant; that the invoices included are the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Paid Preparer's Name:				
Address:			Phone:	
Signature:			Date:	

May the Department of Transportation discuss this return with the preparer above? ☐ Yes ☐ No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*A claim for a refund that is filed electronically does not require a signature or the original invoices.

**FOR OFFICE USE ONLY**

File Location: \_\_\_\_\_ - \_\_\_\_\_ Entered: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
Processed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_ Pre-Approved: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_  
Approved: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_ Postmark Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_

**List only Montana TAX PAID “reefer” fuel purchases.**

[illegible]

## Important Refund Information

1. Request is valid for “Montana” tax paid purchases for refrigeration (reefer) units only.
2. All invoices must be identified by dealer as “reefer fuel”.
3. **Original invoices must be submitted with this form** except for a claim for a refund filed electronically. If submitting a claim electronically, you may complete page 2 or include a listing of your reefer fuel purchases with the same information requested with your application. A claim for refund that is filed electronically does not relieve the taxpayer of maintaining records upon which the claim for a refund is based. In the event of a fuel tax audit, records to support this claim for refund of Montana fuel tax will be required.
4. Refund applications may be filed at any time during the year and as often as you like, provided the invoices are within thirty six (36) months of the date of purchase, based on the postmarked date the refund is submitted.
5. Any person who requests a refund or credit of motor fuel tax must have evidence that the Montana motor fuel tax was included in the total fuel price paid.

### Contact Information:

(406) 444-7664 or e-mail [mdtreferrefunds@mt.gov](mailto:mdtreferrefunds@mt.gov)